



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT JENNINGS HOSPITAL

City of Hospital: North Vernon

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Cindy Byford

Email Address: cbyford@stvincent.org

Medicare Provider Number: 151303

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$3074617
Outpatient Patient Service Revenue	\$56742517
Total Gross Patient Service Revenue	\$59817134

2. Deductions From Revenue

Contractual Allowance	\$43430835
Other Deductions	\$0
Total Deductions	\$43430835

3. Total Operating Revenue

Net Patient Service Revenue	\$16386299
Other Operating Revenue	\$484771
Total Operating Revenue	\$16871070

4. Operating Expenses

Salaries and Wages	\$5301929	Employee Benefits	\$1653253
Depreciation and Amortization	\$630641	Interest Expense	\$358126
Bad Debt	\$0	Other Expenses	\$8968191
Total Operating Expenses	\$16912140		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-41070	Total Assets	\$12064932
Net Non-operating Gains over Loss	\$1135	Total Liabilities	\$12064932

Total Net Gains	\$-39935
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22582313	\$15086519	\$7495794
Medicaid	\$17768145	\$16475656	\$1292489
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$19466676	\$11868660	\$7598016
Total	\$59817134	\$43430835	\$16386299

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$18627	\$13391	\$5236

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1595000	
HCI Payments	\$0		
Subtotal	\$0	\$1595000	\$-1595000
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$1595000	\$-1595000
DSH Payments	\$0		
Subtotal	\$0	\$1595000	\$-1595000
Medicare Shortfalls	\$0	\$-57000	
Other Government Programs	\$0	\$0	
Total	\$0	\$1538000	\$-1538000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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